

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/20/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157617		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/18/2013	
NAME OF PROVIDER OR SUPPLIER AXIS HOME HEALTH CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3500 DEPAUW BLVD STE 1074 INDIANAPOLIS, IN 46268			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 000	INITIAL COMMENTS This was an offsite certification investigation survey. Survey Date: 11/18/13 Facility Number: 012155 CCN: 15-7617 Surveyor: Kelly Hemmelgarn RN During this offsite investigation, the agency was found to be non-operational. Quality Review: Joyce Elder, MSN, BSN, RN November 20, 2013			G 000			
G 118	484.12(a) COMPLIANCE WITH FED, STATE, LOCAL LAWS The HHA and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations. If State or applicable local law provides for the licensure of HHAs, an agency not subject to licensure is approved by the licensing authority as meeting the standards established for licensure. This STANDARD is not met as evidenced by: Based on record review the agency failed to maintain compliance with Indiana rules as the agency is closed and unable to be contacted in 1 of 1 agency investigated. Findings include: 1. Review of 410 IAC (Indiana Administrative Code) 17-10-1 Sec. 1(n)(2) indicated "The			G 118			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 118	<p>Continued From page 1</p> <p>licensee shall notify the department in writing thirty (30) days in advance of closing or selling the home health agency."</p> <p>2. On 11/4/13 and 11/12/13, an attempt to contact the agency via phone was unsuccessful. A message indicated the phone number of record, 317-872-3300, was no longer in service.</p> <p>3. On 11/12/13, a certified letter was sent to the address of record for Axis Home Health Care, Inc., 3500 Depauw Blvd Ste 1074, Indianapolis, IN, 46268. The letter stated, "The Division of Acute Care, Indiana State Department of Health tried to reach your agency on the telephone number provided (1-317-872-3300) on 11/4/13 & 11/12/13. We have been unsuccessful in our efforts to reach you. Please notify the department in writing within the next ten (10) days if your telephone number has changed. If we do not receive a response by 11/22/13, we will assume your agency is not longer operational."</p> <p>4. On 11/18/13, the Indiana State Department of Health received the certified letter mailed on 11/12/13 with the following remarks on the front of the envelope, "Return To Sender: Axis Home Health Moved Left No Address Unable To Forward Return To Sender."</p> <p>5. As of 11/18/13, Indiana State Department of Health had not received notification of closure of their agency.</p>	G 118			